

ACKNOWLEDGMENT OF PATERNITY

Please read the back of this form for parent rights and responsibilities.
TYPE OR PRINT FIRMLY IN PERMANENT BLACK INK.
FORMS SUBMITTED WITH ALTERATIONS, ERASURES OR WHITE OUT WILL NOT BE ACCEPTED.

In the matter of the acknowledgment of paternity of a child born in the State of New Mexico:

I _____ and _____
(Biological Father) (Biological Mother)

being duly sworn upon oath, do voluntarily acknowledge the biological father of:

Name of Child at Birth: <i>First, Middle, Last</i>		Date of Birth: MM/DD/YY	Sex
Place of Birth: <i>(City, County, State)</i>	County of Birth	Hospital Name or Other Location	
Mother's Full Maiden Name: <i>First, Middle, Last</i>		Mother's Date of Birth: MM/DD/YY	
Mother's State or Country of Birth		Mother's Social Security Number (Required)	
Mother's Race: <input type="checkbox"/> Black <input type="checkbox"/> Native American Indian <input type="checkbox"/> White <input type="checkbox"/> Other: Specify:			
If Mother Native American Indian, Specify tribal affiliation:			
If Mother Hispanic, Specify: <input type="checkbox"/> Spanish <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other-Specify:			

I desire this child's birth certificate to be revised to show the following information thereon:

Father's Full Name: <i>First, Middle, Last</i>	Father's Date of Birth: MM/DD/YY
Father's State or Country of Birth	Father's Social Security Number (Required)
Father's Race: <input type="checkbox"/> Black <input type="checkbox"/> Native American Indian <input type="checkbox"/> White <input type="checkbox"/> Other-Specify:	
If Father Native American Indian, Specify tribal affiliation:	
If Father Hispanic, Specify: <input type="checkbox"/> Spanish <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other-Specify:	

IMPORTANT NOTE TO PARENTS:

Please consider carefully the First, Middle, and Last Name you designate for your child. Once this Acknowledgment of Paternity form has been filed, future name changes or corrections will require a Court Order. **Note: For children 6 (six) years of age and over, no changes or corrections to the child's name are allowed in this manner. A court order is required to change the child's name.**

This child's name shall be shown on the birth certificate as:

Child's First Name	Middle Name	Last Name

We have been provided paternity information explaining our rights, responsibilities, consequences, and alternatives and have read, understand and acknowledge the material on the back page of this form. We have voluntarily signed this paternity acknowledgment without force, threats, or coercion of any kind. We acknowledge that this document has been signed under penalty of perjury.

Signature of Father
Actual Residence Address (Number and Street)
City, State, Zip Code)
The father personally appeared before me and swore or affirmed that all statements contained herein were true
Date: _____ MM/DD/YY
Signature: _____ Signature of Notary Public (BLACK INK)
My commission expires: _____ (SEAL OR STAMP)

Signature of Mother
Actual Residence Address (Number and Street)
City, State, Zip Code)
The mother personally appeared before me and swore or affirmed that all statements contained herein were true.
Date: _____ MM/DD/YY
Signature: _____ Signature of Notary Public (BLACK INK)
My commission expires: _____ (SEAL OR STAMP)

Send completed Original form to: New Mexico Vital Records and Health Statistics Post Office Box 26110 Santa Fe, NM 87502	Send Child Support Enforcement Division copy to: Child Support Enforcement Division 1000 18th Street Albuquerque, NM 87104
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Send completed original form along with a check or money order for \$20.00 to cover processing.
• \$10.00 for revision of original record and \$10.00 for one certified copy of revised birth certificate.